

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>001138</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>LODGE OF THE WABASH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>723 E RAMSEY RD</b> <b>VINCENNES, IN 47591</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Investigation of Complaint IN00117074.</p> <p>This visit was in conjunction with the Post Survey Revisit to the Investigation of Complaint IN00114975 completed on 8/30/12.</p> <p>Complaint IN00117074- Unsubstantiated, due to lack of evidence.</p> <p>Survey dates: September 30, October 1, 2012</p> <p>Facility number: 001138 Provider number: 155632 AIM number: 200157070</p> <p>Survey team: Anne Marie Crays, RN</p> <p>Census bed type: SNF/NF: 47 Residential: 19 Total: 66</p> <p>Census payor type: Medicare: 10 Medicaid: 44 Other: 12 Total: 66</p> <p>Residential Sample: 3</p> <p>Lodge of the Wabash was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00117074.</p> <p>Quality review completed on October 2, 2012 by Bev Faulkner, RN</p>	R 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HFC711

If continuation sheet 1 of 2

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